

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         | 194      | 67814  | 9/01/00  |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 21     | 9/12/00  |
| <b>FORMALITY REVIEW</b>          | CVS      | 22783  | 10/12/00 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy